

**MCDB Encounter File Processing  
January 2007 - April 2008 Data**

**P330: Great-West Life & Annuity Insurance Co.  
Based on Data After Final Encounter Processing (2006 - 2007)  
Data Completeness Summary Report**

**Eligible Services: 438,616**  
**Services Submitted: 438,616**

**Source File: P330\_enc5\_dc\_crunch.sas7bdat**  
**File Date: December 5, 2008**

Delivery System	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)		2			6			268	
2: PPO-POS	1,922	2,363	22.9	33,112	34,876	5.3	3,663,998	3,880,977	5.9
3: PPO or Other Managed Care	18,479	16,549	-10.4	383,377	363,224	-5.3	49,263,544	50,350,112	2.2
4: Indemnity Care	5,407	5,117	-5.4	42,880	40,492	-5.6	6,077,447	5,465,002	-10.1
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)	469	4	-99.1	2,989	18	-99.4	656,908	20,887	-96.8
<b>Total</b>	<b>21,986</b>	<b>19,740</b>	<b>-10.2</b>	<b>462,358</b>	<b>438,616</b>	<b>-5.1</b>	<b>59,661,897</b>	<b>59,717,246</b>	<b>0.1</b>

Plan <sup>2</sup>	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	20,812	19,092	-8.3	430,922	414,165	-3.9	52,674,235	54,814,337	4.1
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	1,174	648	-44.8	31,436	24,451	-22.2	6,987,662	4,902,909	-29.8
<b>Total</b>	<b>21,986</b>	<b>19,740</b>	<b>-10.2</b>	<b>462,358</b>	<b>438,616</b>	<b>-5.1</b>	<b>59,661,897</b>	<b>59,717,246</b>	<b>0.1</b>

Coverage Type	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins	21,408	19,638	-8.3	457,727	436,859	-4.6	58,815,567	59,528,458	1.2
4: Private Employer Sponsored Insured	98	82	-16.3	1,532	1,588	3.7	169,976	161,533	-5.0
5: Public Employee	30	20	-33.3	133	169	27.1	14,220	27,255	91.7
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)	468			2,966			662,134		
Missing or Invalid Code									
<b>Total</b>	<b>21,986</b>	<b>19,740</b>	<b>-10.2</b>	<b>462,358</b>	<b>438,616</b>	<b>-5.1</b>	<b>59,661,897</b>	<b>59,717,246</b>	<b>0.1</b>

**MCDB Encounter File Processing  
January 2007 - April 2008 Data**

**P330: Great-West Life & Annuity Insurance Co.  
Based on Data After Final Encounter Processing (2006 - 2007)  
Data Completeness Summary Report**

**Eligible Services: 438,616**  
**Services Submitted: 438,616**

**Source File: P330\_enc5\_dc\_crunch.sas7bdat**  
**File Date: December 5, 2008**

---

**NOTES:**

<sup>1</sup> Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.  
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

<sup>2</sup> Rules for categorizing services into a PLAN:

**Non-HMO**

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
  - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
  - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
  - a. Delivery System (DELVTYP) is non-HMO (2-4).
  - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

**HMO Fee for Service:**

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

**HMO Capitated:**

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

**Medicare, All Types**

- 1, All services with Coverage Type 1 or 7.